

STANDARD CERTIFICATE OF DEATH

State File No. **32142**
Registrar's No. **93**

1. PLACE OF DEATH
a. COUNTY Lapeere
b. CITY (If outside corporate limits, write RURAL and give township) Lexington c. LENGTH OF STAY (If in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission)
a. STATE Missouri b. COUNTY Lapeere
c. CITY (If outside corporate limits, write RURAL and give township) Lexington d. STREET ADDRESS (If rural, give location) 8246 N. Main

3. NAME OF DECEASED
a. (First) Fonda b. (Middle) Jean c. (Last) CARTER
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
September 7, 1952

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married **8. DATE OF BIRTH** September 3, 1952 **9. AGE** (15 years last birthday) 0 0 4 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Homemaker **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (City and State or Foreign Country) Lexington, Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Francis Lee Carter **13b. MOTHER'S MAIDEN NAME** Virginia Hackler **14. NAME OF HUSBAND OR WIFE** None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Francis Lee Carter **ADDRESS** Lexington, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** 776 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐ **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Sept. 3, 1952, to Sept. 7, 1952, that I last saw the deceased alive on Sept. 7, 1952, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) P. C. Johnson M.D. **23b. ADDRESS** Richmond, Mo. **23c. DATE SIGNED** 9/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Sept 7, 1952 **24c. NAME OF CEMETERY OR CREMATORY** McLach Cemetery **24d. LOCATION** (City, town, or county) (State) Lexington, Missouri

DATE REC'D BY LOCAL REG. 9-25-52 **REGISTRAR'S SIGNATURE** Wm. E. Eustace **25. FUNERAL DIRECTOR'S SIGNATURE** West. Life Funeral Home **ADDRESS** Richmond, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4866

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.